

**Joint ICAO/WHO Sixth CAPSCA Meeting
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**DESIGNATED DISEASES IN THE
AFRICAN REGION**

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WHO/AFRO**



REGIONAL OFFICE FOR

**World Health
Organization**

Africa

Presentation Outline

Threats of
Epidemics

Chicago
Convention
1944
ICAO

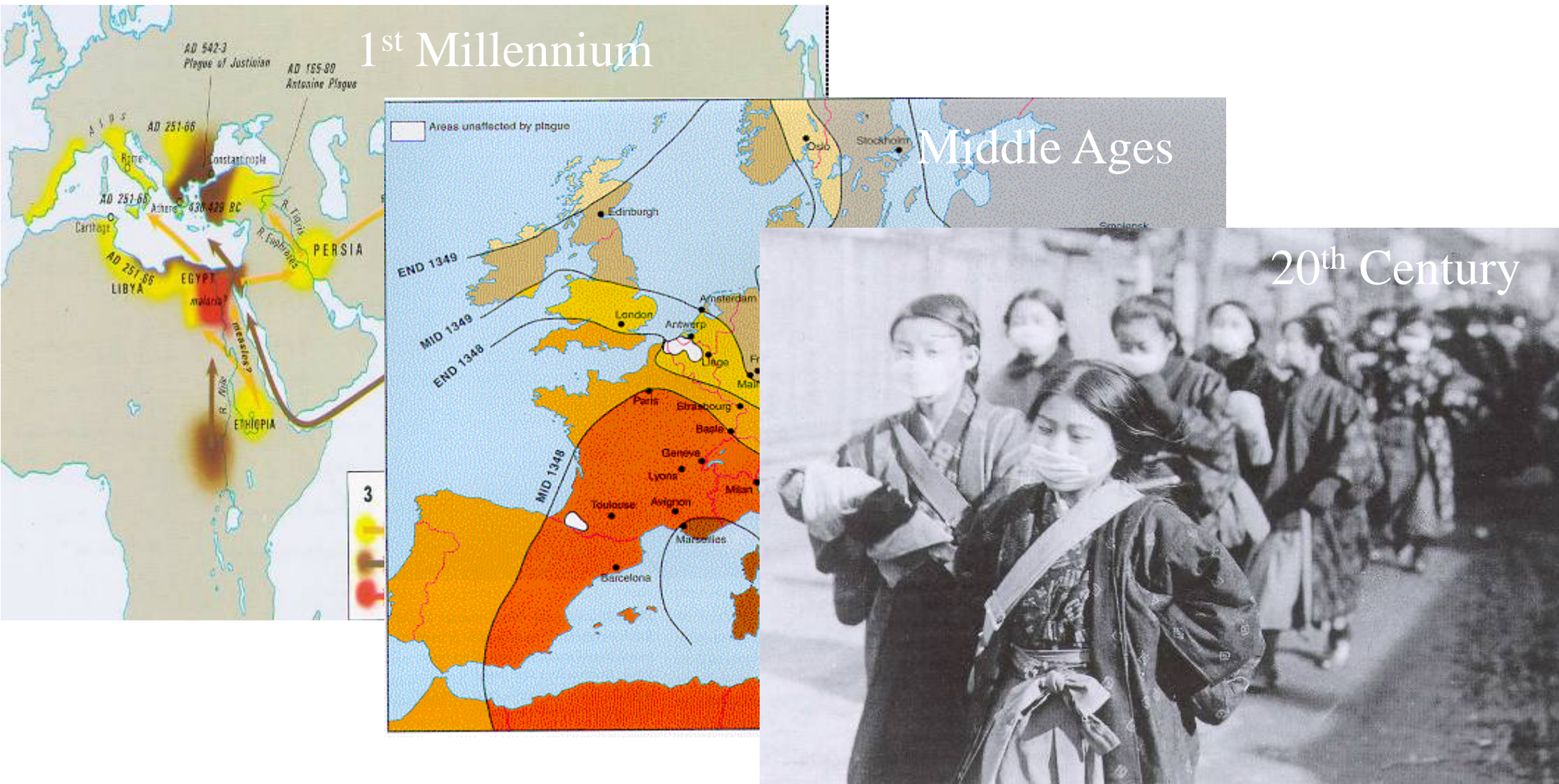
WHO
IHR (2005)

WHO AFR
IDSR 2010

Framework
to enhance
surveillance
systems

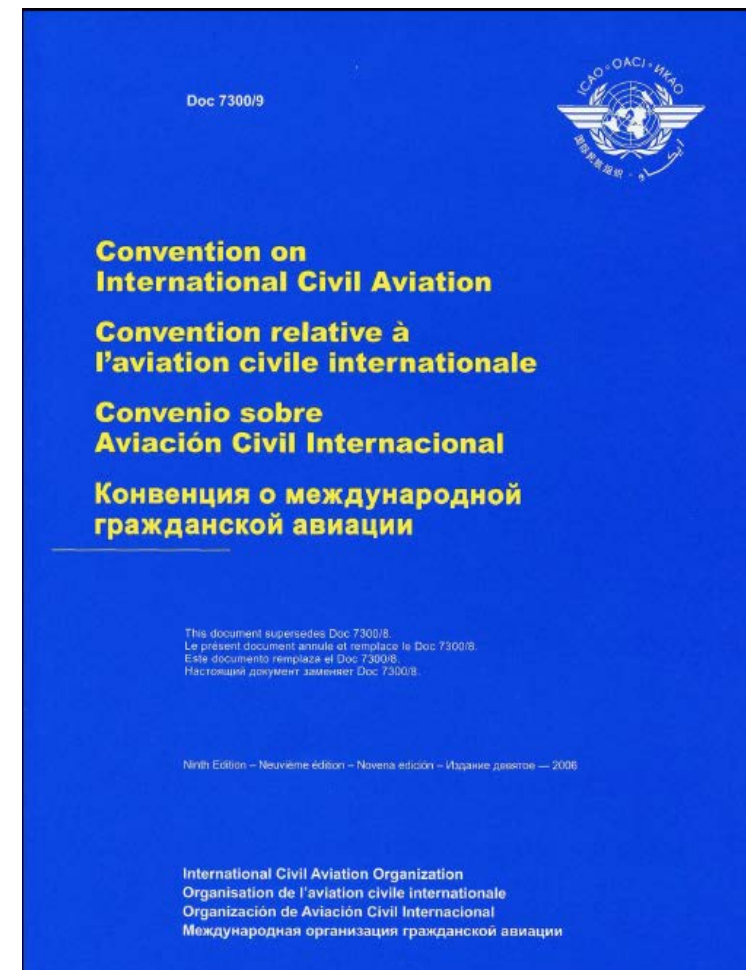


Threats of Epidemic since Ancient Time



The Chicago Convention

- Chicago Convention on International Civil Aviation was signed on **7 December 1944**
- Confirms the sovereignty of the Member States over their airspace
- Requires States to apply *technical rules universally accepted*
- Recommends *global harmonization to improve safety, efficiency and regularity of civil aviation*
- Establish the International Civil Aviation Organization (ICAO)



International Civil Aviation Organization (ICAO)

- 191 Member States
- UN specialized Agency
- **General Assembly, Council, Secretariat**
- **Vision:** *Achieve the sustainable growth of the global civil aviation system.*
- **Mission:** *ICAO develops policies and Standards, undertakes compliance audits, performs studies and analyses, provides assistance and builds aviation capacity through many other ACTIVITIES and the cooperation of its Member States and*

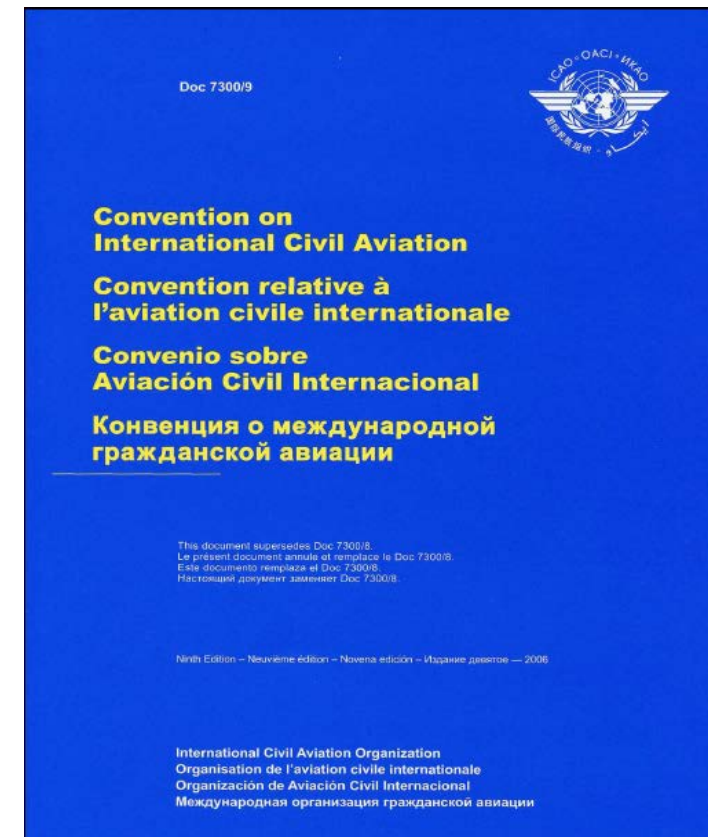


Article 14, Chicago Convention – signed by 191 States

Prevention of spread of disease

Each contracting State agrees to take effective measures to prevent the spread by means of air navigation of cholera, typhus (epidemic), smallpox, yellow fever, plague, and such other communicable diseases as the contracting States shall from time to time decide to designate, and to that end contracting States will keep in close consultation with the agencies concerned with international regulations relating to sanitary measures applicable to aircraft.

Such consultation shall be without prejudice to the application of any existing international convention on this subject to which the contracting States may be parties.



What are the IHR?



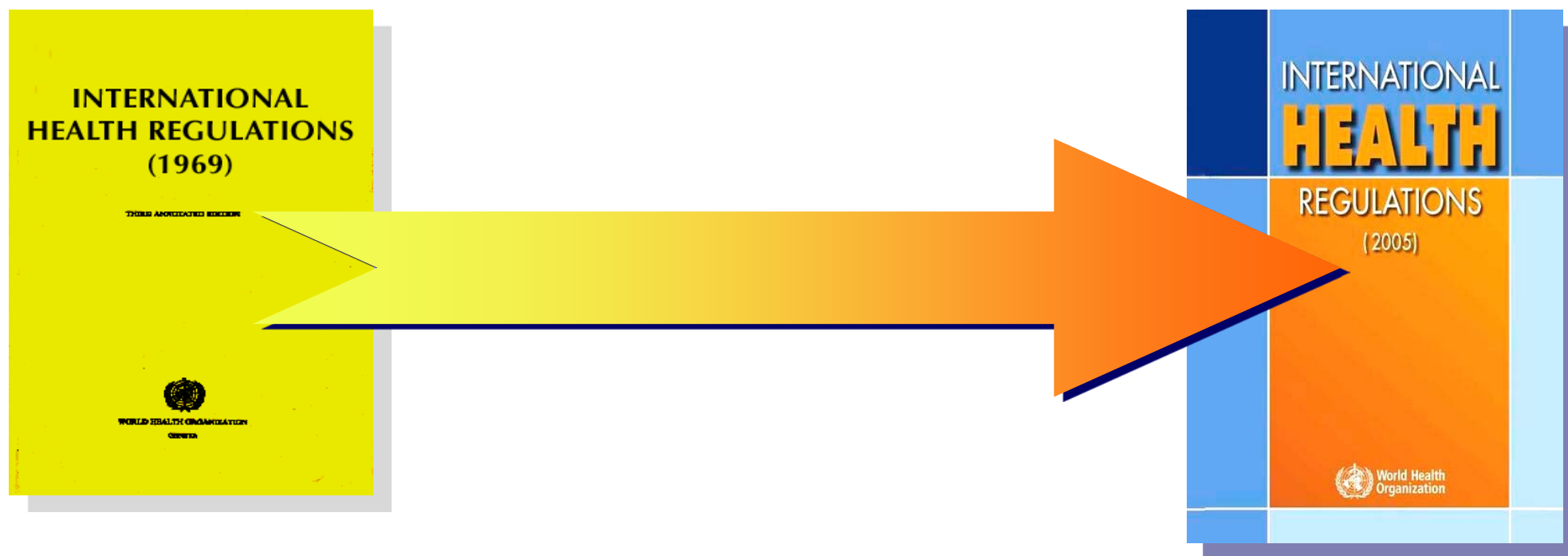
An agreement among 194 countries
Facilitated by WHO

Came into force on 15 June 2007

Ensuring maximum public health security while minimizing interference with international transport and trade

Legally binding for WHO and the world's countries that have agreed to play by the same rules to secure international health.

What's new?



From three diseases to **all public health risks**

From preset measures to **tailored response**

From control of borders to also include **containment at source**

What is New in the IHR (2005)

- Broadens scope to include *any event* of international public health concern and not limited to communicable diseases
- Use of unofficial information sources and reports to trigger verification process
- Notification to WHO marks the beginning of a confidential dialogue between a State and WHO to assess potential serious public health implications of the event

What is New in the IHR (2005)

- Confidential and collaborative consultation on early events, if necessary, before formal notification.
- Transparent and consistent WHO process for event assessment and response
- Lists examples of applicable measures to be taken corresponding to the assessed risk

What is New in the IHR (2005)

1. Broader vision: “Public Health Emergency of International Concern” (PHEIC)
2. More operational: National Focal Point for IHR/ WHO Contact Point for IHR
3. External Expertise: Experts list, Emergency committee, and review committee
4. New obligations: Capacities requirements for entry points, for surveillance & action

Broad scope and coverage of IHR (2005)

- **“Disease”**: “an illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans”
- **“Event”**: “a manifestation of disease or an occurrence that creates the potential for disease”
- **“Public health risk”**: “the likelihood of an event that may adversely affect the health of human populations, ...”
- **Events/risks may be:**
 - Biological/infectious, chemical, radionuclear
 - Known or unknown, emerging or re-emerging
 - Transmissible by persons, transport conveyances, cargo/**goods food/animals/products**), vectors, environment, etc.

Public Health Emergency of International Concern (PHEIC)

Means an extraordinary event which is determined, as provided in these Regulations (Part I, Article 1) :

- to constitute a public health risk to other States through the international spread of disease

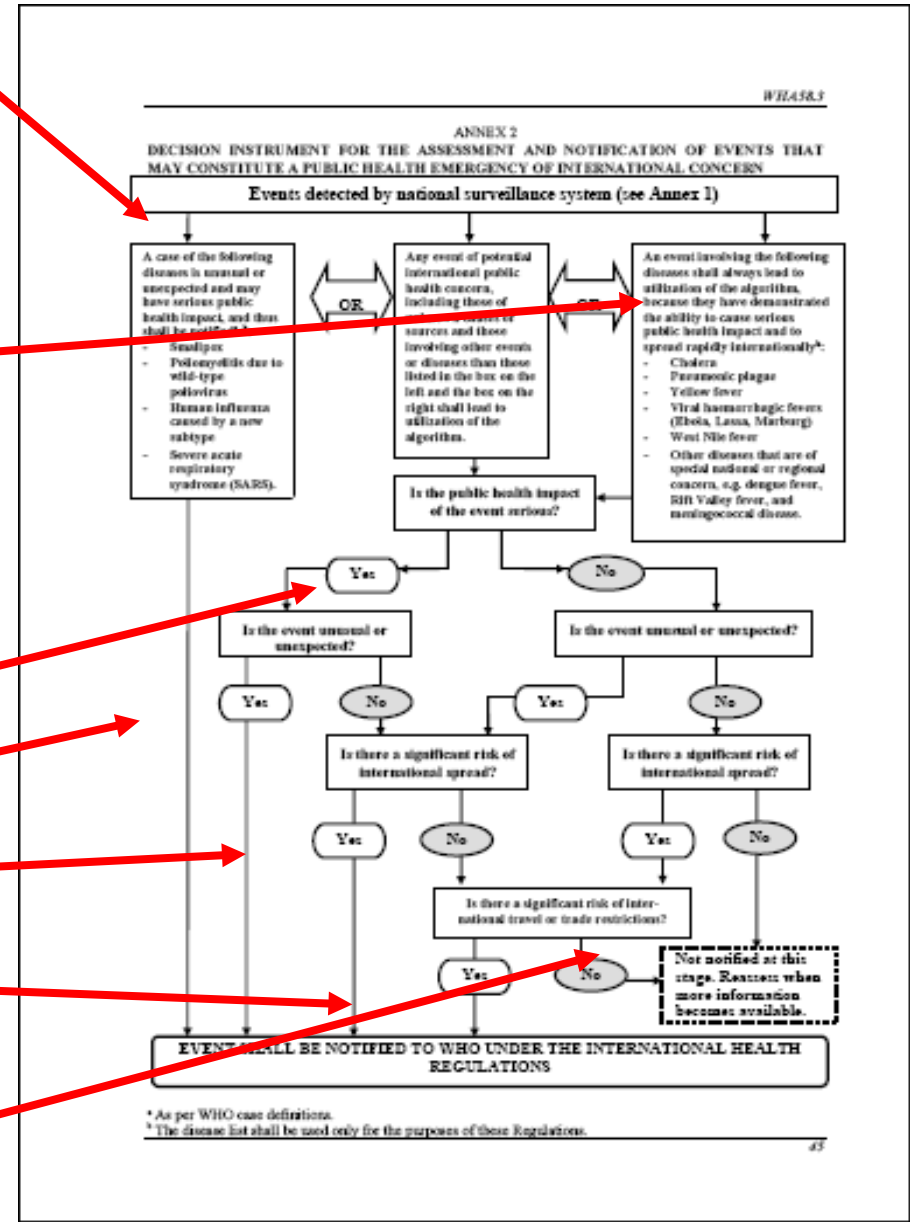
and

- to potentially require a coordinated international response;

Decision Instrument (Annex 2)

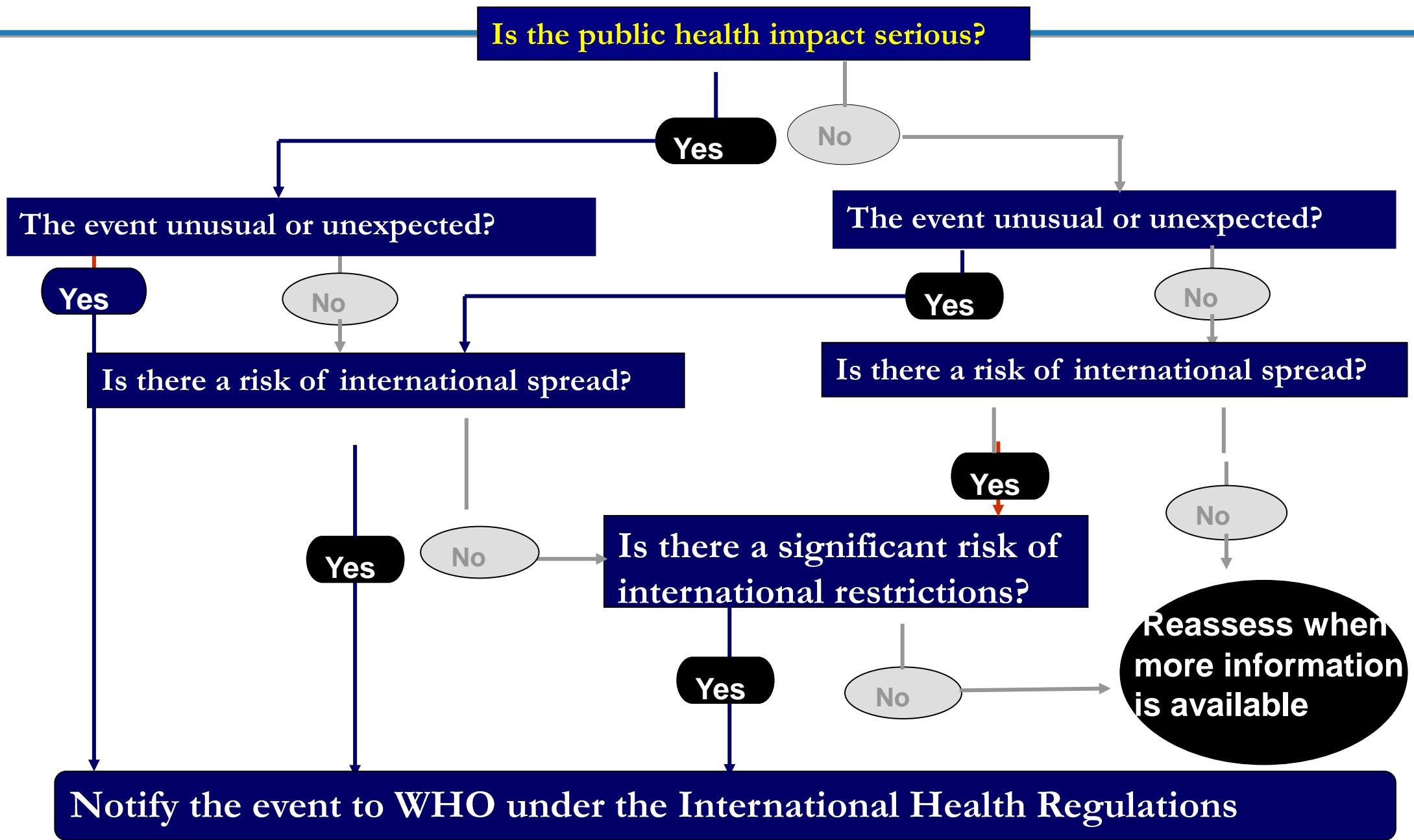
4 diseases shall be notified : Smallpox, Polio (wild-type Poliovirus), Human influenza caused by a new Subtype, SARS

An event involving the following diseases shall always lead to utilization of the algorithm: Cholera, Pneumonic plague, Yellow fever, VHF (Ebola, Lassa, Marburg), West Nile fever, dengue fever, Rift Valley fever, meningitis, Other diseases



Q1: Is the public health impact serious?
 Q2: Is the event unusual or unexpected?
 Q3: Is there a risk of international spread?
 Q4: Is there a significant risk of international travel or trade restrictions?

Insufficient Information: Reassess



What is the IHR system for it?



National IHR Focal
Point

**(Institution with a
least 5 persons
per State Party)**

- ▶ Notification
- ▶ Reports
- ▶ Consultation
- ▶ Verification



WHO IHR
Contact Point

**(Team with at least 4
staff in WHO Region)**



The IHR National Focal Point - NFP



**World Health
Organization**

20, AVENUE APPIA – CH-1211 GENEVA 27 – SWITZERLAND – TEL CENTRAL +41 22 791 2111 – FAX CENTRAL +41 22 791 3111 – WWW.WHO.INT

International Health Regulations 2005, IHR(2005) National IHR Focal Points (NFP) List

01 December 2011

Turkey - EURO

National IHR Focal Point Office:

General Directorate of Primary Health Care
Ministry of Health
Saglik Bakanligi Mithatpas Caddesi 3 Sihhiye
06434 Ankara
Turkey

Responsible person:

Dr Mehmet Ali Torunoglu
Deputy Director General

Contact details:

Tel.1: +90 312 5851267
Mobile: +90 532 7718186 (24/7)
Fax: +90 312 4344449
Email(s): mehmet.torunoglu@saglik.gov.tr,
mali.torunoglu@gmail.com

**Availability at all times for
communication with WHO**

NFP is an institution, rather than an individual

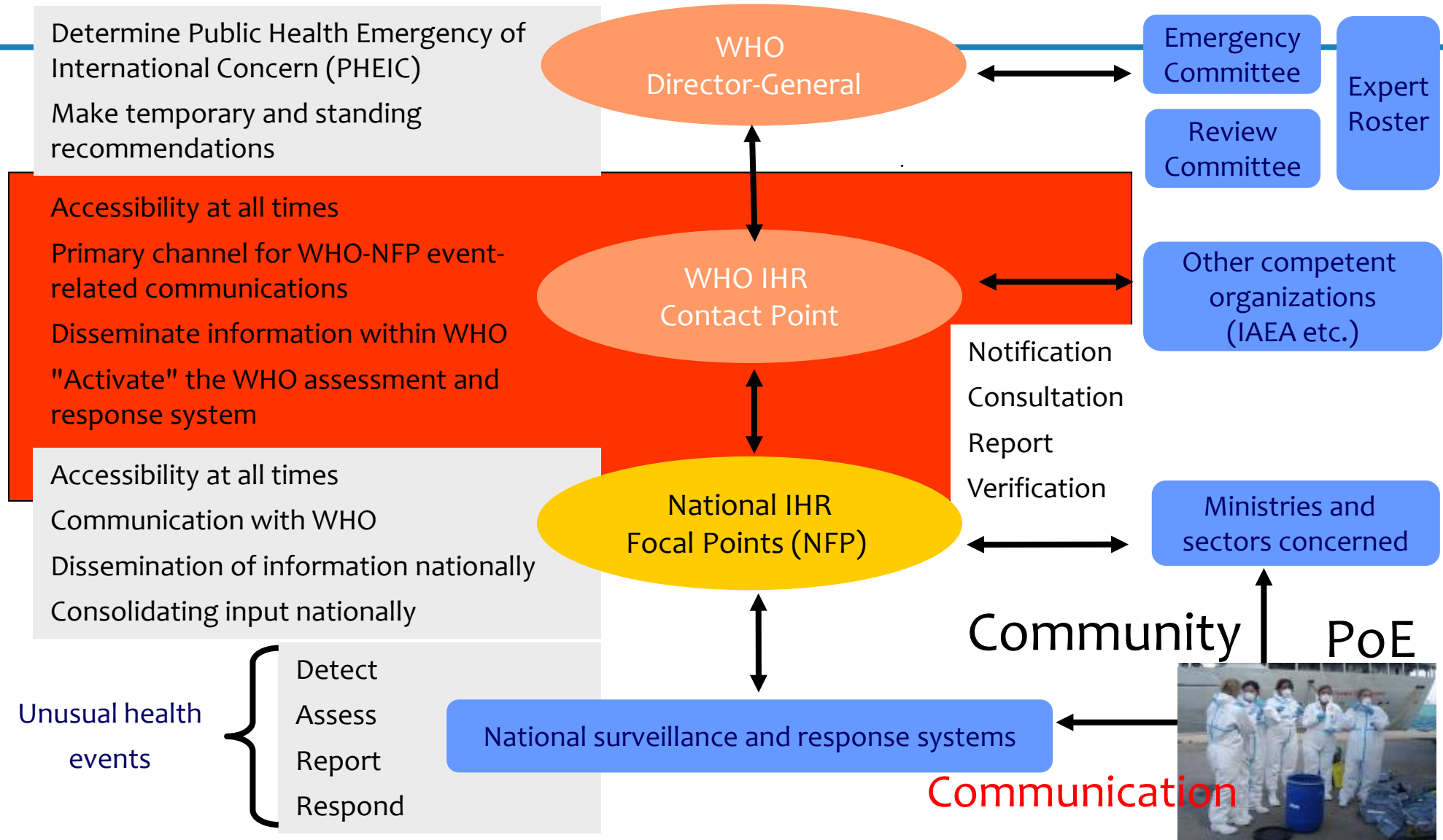
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Mobile: +993 65 71 51 71

**NFP is in charge for urgent IHR communications with WHO and for
sharing information with all relevant sectors in their country**



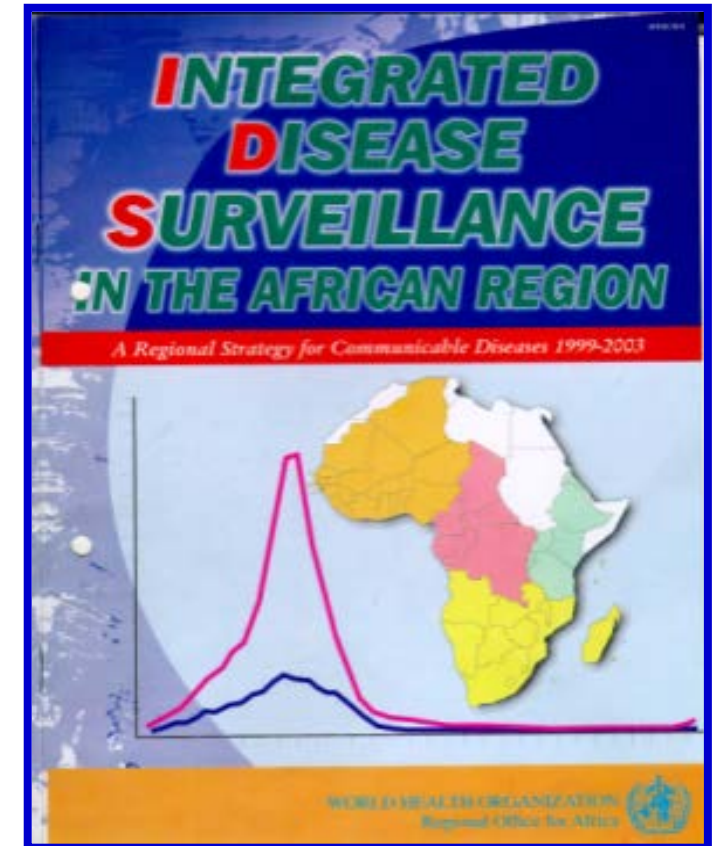
Example of IHR Framework



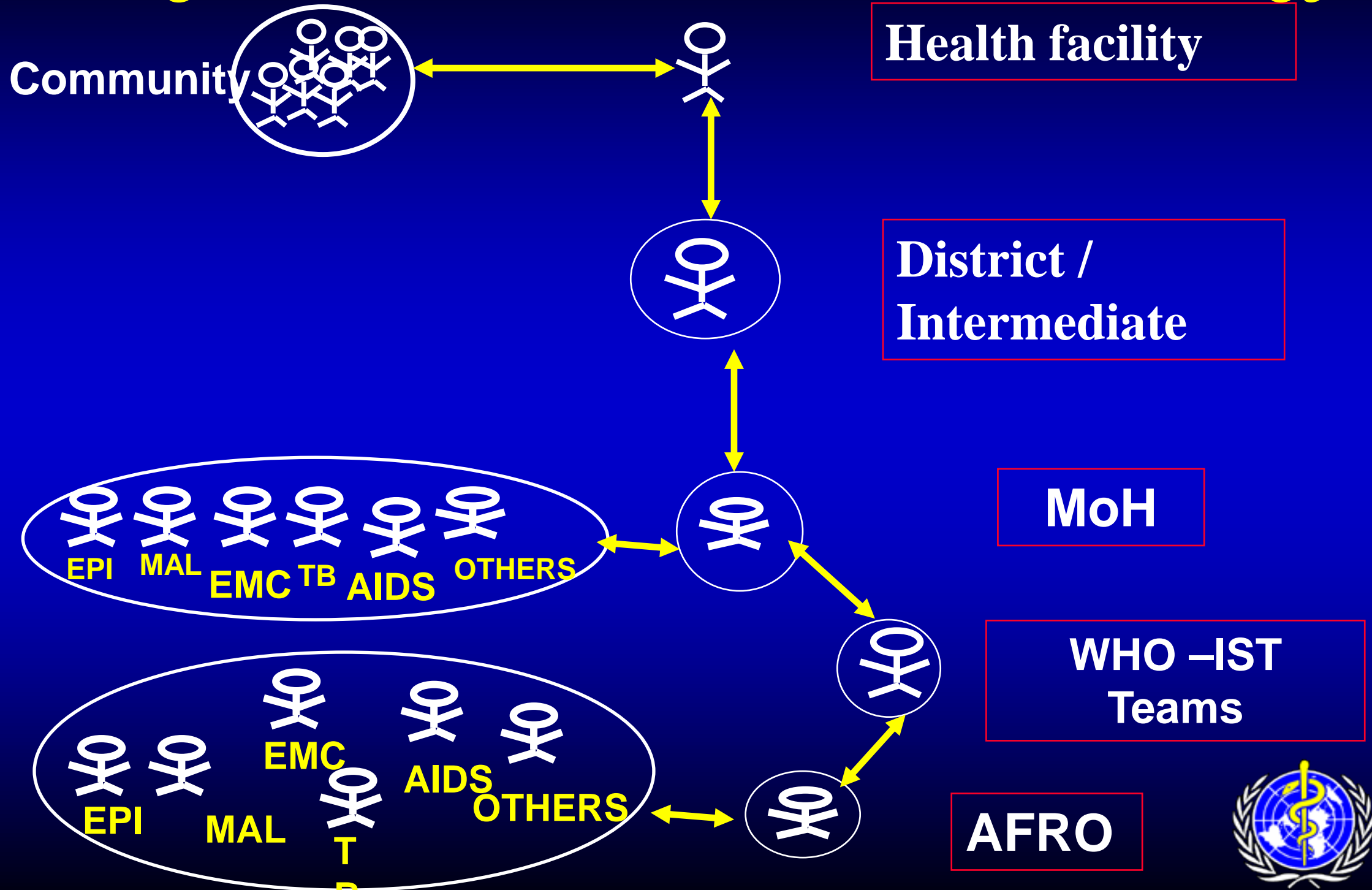
IDS Strategy

“Within ten years, all Member States will have established an effective and functional Integrated Disease Surveillance system that will generate information for timely action thus contributing to the reduction of mortality, disability and morbidity.”

*WHO Regional Committee for Africa
September 1998, Harare,*



Integrated Disease Surveillance Strategy



IDSR objectives

Integrate vertical disease surveillance systems for effective and efficient use of resources

Improve the flow and use of information for detecting and responding to public health threats

Improve country capacity to detect early and timely respond to priority public health events

What is Done differently

- Emphasizes on:
 - ✓ use of standard case definitions
 - ✓ Collection of minimum but useful Data
 - Case-based surveillance for few diseases
 - ✓ Use of information
 - ✓ Integration of forms, wherever possible
 - ✓ **Two-way information flow**
 - ✓ Flexibility to address programme needs
 - ✓ Strengthening surveillance skills (analysis)
 - ✓ Coordination at all levels



Priority Diseases

- **Eradication/elimination**
 - AFP / polio
 - Guinea worm disease
 - Neonatal tetanus
 - Leprosy
- **Epidemic prone diseases**
 - Measles
 - Meningitis
 - Yellow fever
 - Cholera
 - Dysentery
- Viral haemorrhagic fevers
- Plague
- **Major public health importance**
 - Malaria
 - Pneumonia
 - Diarrhoea
 - HIV/AIDS/STDS
 - Tuberculosis
 - Trypanosomiasis
 - Onchocerciasis

IHR and IDSR



IDSR will serve as a vehicle for IHR

IHR will serve as the driving force for IDSR

Emphasis on IDSR TG

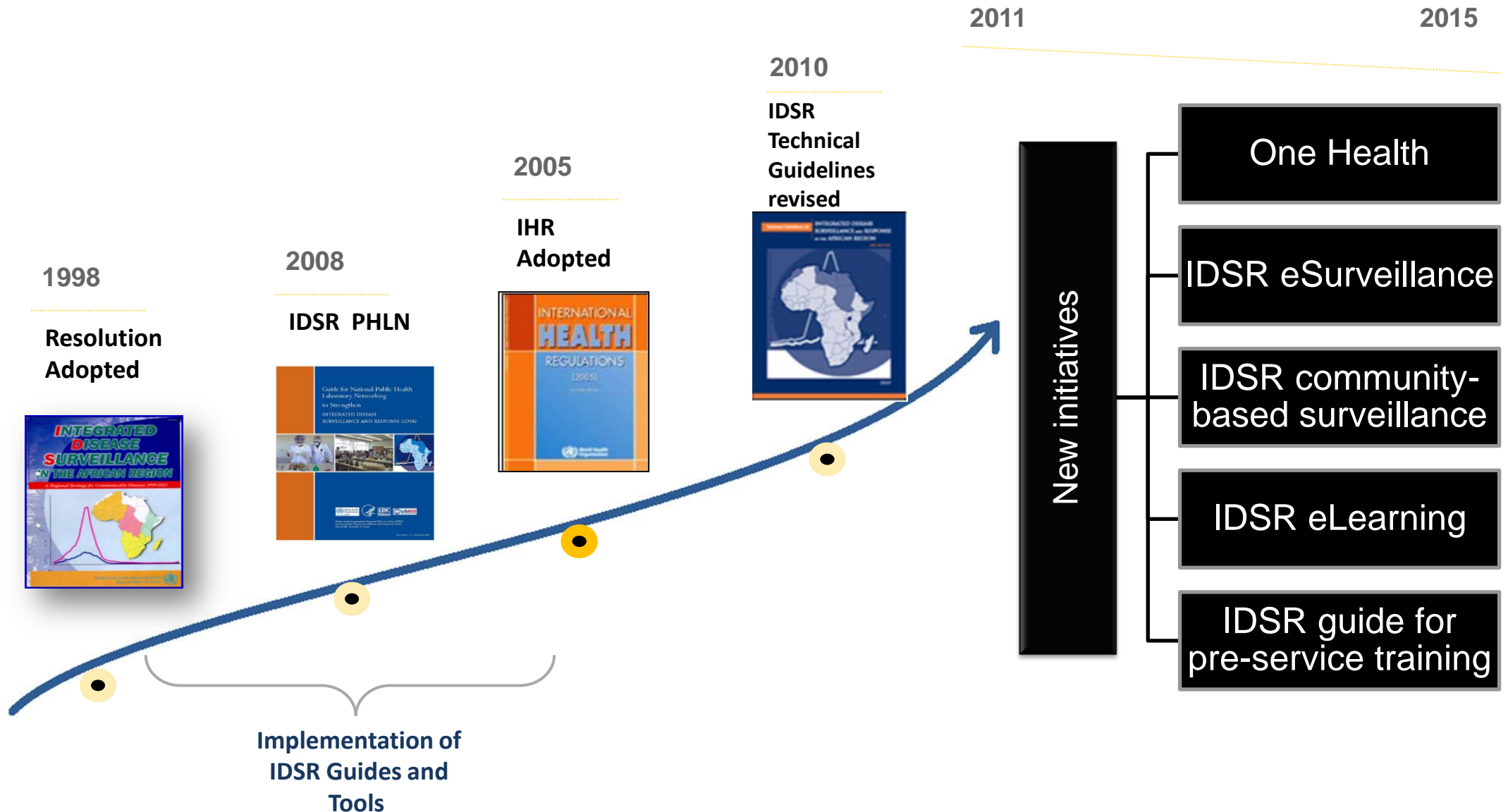
2001 vs 2010

| IDSR Guidelines 2001 | IDSR Guidelines 2010 |
|--------------------------------|---|
| Priority Communicable diseases | Priority Communicable diseases |
| | Selected Non communicable diseases |
| | Public Health Events of International Concern (IHR 2005) |

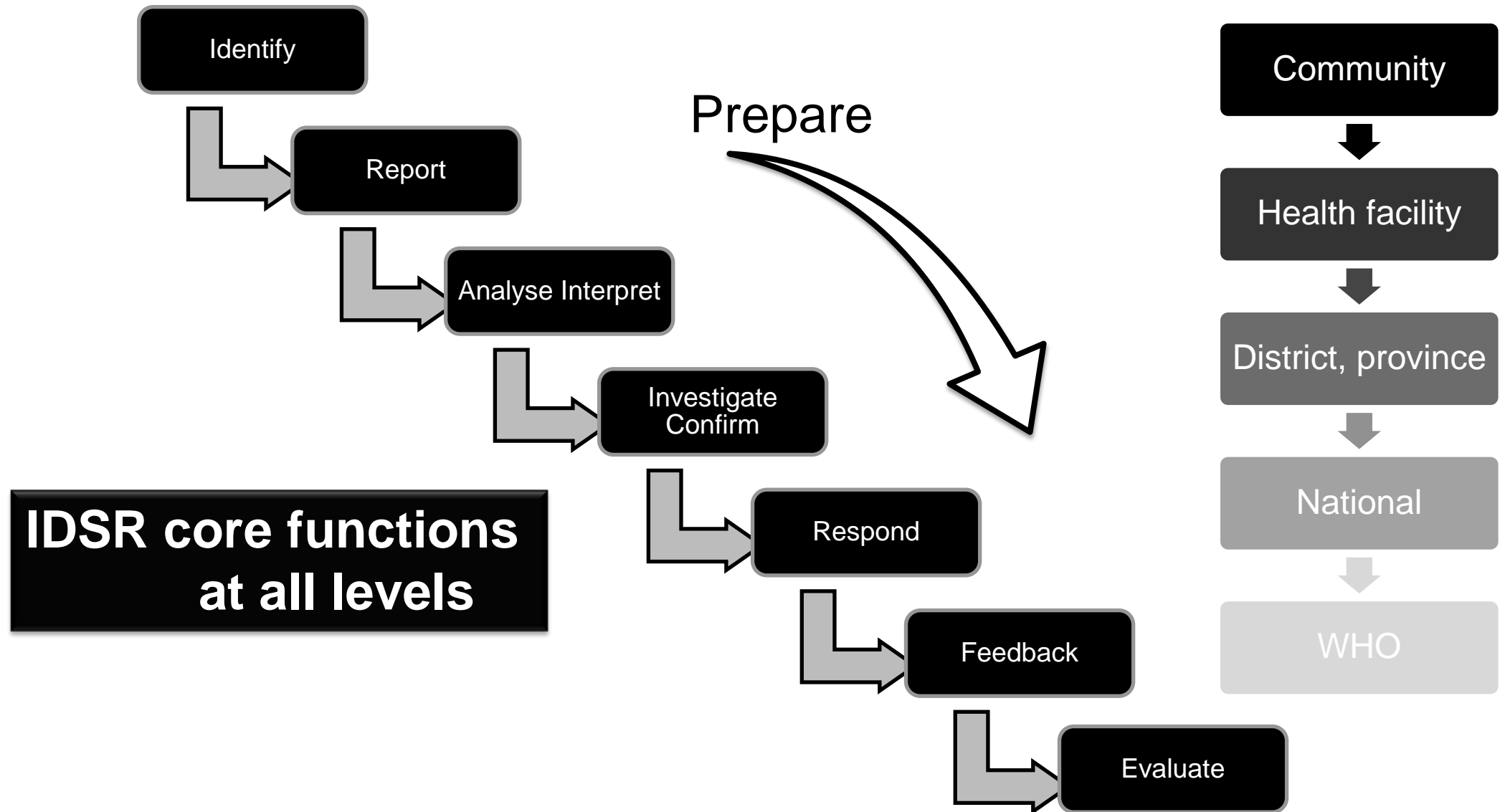
Proposed IDS Priority Diseases, Conditions and Events

| Epidemic prone diseases | Diseases targeted for eradication or elimination | Other major diseases of public health importance |
|--|---|---|
| Cholera ¹ Meningococcal meningitis Diarrhoea with blood (<i>Shigella</i>) Viral hemorrhagic fevers* ¹ Dengue Typhoid fever Yellow fever ¹ Measles Influenza-like illness Plague ¹ Anthrax Chikungunya | Dracunculiasis Leprosy Neonatal tetanus Poliomyelitis ¹ (AFP) Onchocerciasis Buruli ulcer Lymphatic Filariasis Noma | Diarrhoea with dehydration <5 Severe pneumonia New HIV/AIDS STIs Tuberculosis Malaria Trypanosomiasis Trachoma Acute viral hepatitis Rabies Maternal deaths Hypertension Diabetes mellitus Adverse events following immunization (AEFI) Mental Health (Epilepsy) Injuries (Road traffic accident) |
| ¹ Disease specified by IHR (2005) for notification. *Ebola, Marburg, Rift Valley, Lassa, Crimean Congo, West Nile Fever | <p style="text-align: center;">Diseases or events of international concern In addition to those noted in other columns</p> <p>Any public health event of international concern (infectious, zoonotic, food borne, chemical, radio nuclear, or due to unknown condition)</p> | |

Frameworks for enhancing surveillance systems

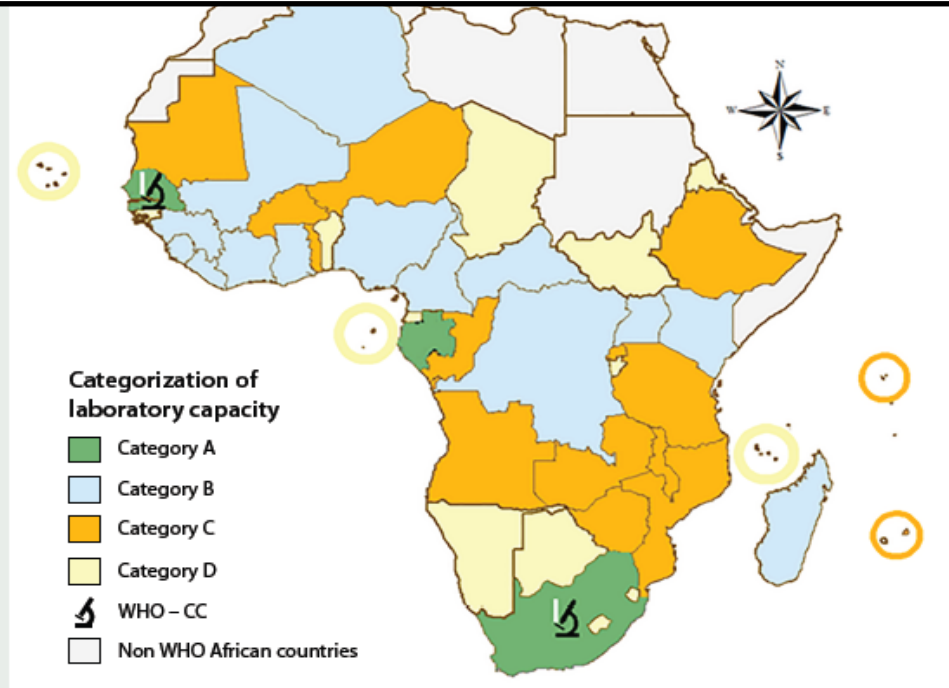


Frameworks for enhancing surveillance systems



Laboratory capacity for EVD

17 countries currently have VHF laboratory capacity



Category A Countries with VHF laboratory capacity and designated as regional reference laboratories for neighbouring countries

Category B Countries with VHF laboratory capacity and ensuring national confirmation of VHF

Category C Country without existing VHF laboratory capacity but have a laboratory capacity for confirmation of influenza viruses by PCR (Potential laboratory to be upgraded for VHF confirmation capacity)

Category D Countries without VHF and other EDP laboratory capacity and sending VHF suspected clinical specimens to a designated regional reference laboratory

The AFR EDPLN has played a crucial role in responding to the largest on-going epidemic of EVD in West Africa and provided all countries with access to virological testing in non-affected countries.

Thank You
Merci
Obrigado

